

FILED MAY 10 1948

State File No. _____

Registration District No. 172

Primary Registration District No. 5-5-56

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town Mountain View
(If outside city or town limits, write "RURAL")
(d) Street No. Ballou
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Edna Moreland

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cary A Moreland 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 13 _____ hr. _____ min.

9. Birthplace Metz Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Edna Miller
(City, town, or county) (State or foreign country)
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Cary A. Moreland
(b) Address Mountain View, Mo.

17. (a) Burial (b) Date thereof 4-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mtn View Cemetery

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.

19. (a) 5/7/1948 (b) Laura Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1947 to April 25 1948
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion Duration _____

Due to _____

Due to _____

Other conditions asthma
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Stanley Berman (M. D. or other) D.O.
Address Mountain View, Mo. Date signed 5-5-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.